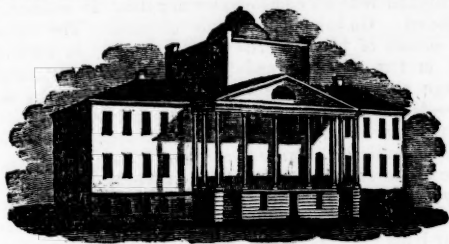


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I.
ON THE TRANSFUSION OF BLOOD.

By W. CHANNING, M.D.

DURING the prevalence of the doctrine that disease was the consequence of a change in the blood from a healthy or natural, to a diseased or unnatural condition, it occurred to some medical philosophers that the surest and readiest mode of cure was to remove the diseased blood from the body, and to substitute for it the blood of an animal in health. Much speculation arose on the question what sort of blood, or the blood of what animal would answer the purpose of the doctrine best, and it would seem that the blood of a lamb obtained the most reputation. The doctrine was put to the sure test of experiment. But whatever blood was employed, the result was so disastrous that the practice fell into great discredit. And its proving fatal in the instance of a young man of rank in England, was among the causes of its final abandonment.

Within a few years the practice of Transfusion has been revived in England, with different views, under different circumstances, and with very different results. We are indebted to Dr. Blundell, Lecturer on Physiology at Guy's Hospital, for some very interesting facts on this subject. He acknowledges that he is wholly indebted to some experiments instituted by Dr. Leacock of Barbadoes, for his earliest notions on the subject. The paper in which Dr. B.'s first experiments are contained was published in 1818. In his more recent work on Physiology, he has still further treated on transfusion. A brief abstract will be given of the first publication, and of some cases in which transfusion has been practised.

Dr. Blundell's attention was particularly directed to the possible remedial effects of transfusion, by witnessing an instance of death from uterine hemorrhage, in which many circumstances concurred to give the case peculiar

interest. Experiments were instituted to ascertain how far this opinion was well founded. The femoral artery of a dog was laid bare, a pipe large enough to fill it was introduced with its end towards the heart. On being opened, eight ounces of blood were discharged in two minutes, and the discharge soon after ceased. *Symptoms.*—Distress and gasping; struggling and convulsions, and at length profound fainting, marked by stoppage of the circulation, by insensibility, and by a complete relaxation of the abdominal muscles. After lying thus for a few seconds, six ounces of blood taken from the artery of another dog were injected into the femoral vein. He soon revived; the abdominal muscles became firm, and the respiration regular; the sensibility was restored. "So sudden and complete was the resuscitation, that the animal seemed rather to awake from sleep, than arise from apparent death." Now the combination of the above symptoms is mortal; and the animal invariably dies when left to itself, if the blood is suffered to flow from the femoral tube till the discharge spontaneously ceases. Transfusion, says Dr. B., alone can save it.

The next object was to settle that the transfusion of blood by the syringe does not unfit it for healthful circulation. A syringe with a double pipe was used, and a pipe was introduced into the artery and vein. Then the blood which passed from the artery into a cup was directly returned into the vein, and this was continued for twenty-four minutes. The dog sustained but little injury. Dr. B. next shows the effect of delaying the transfusion after

drawing the blood. In one experiment the blood was in the cup between 50 and 60 seconds. Human blood was used. The animal revived a little, but died in a few minutes. In another, 30 seconds elapsed. The animal revived, but died in twelve hours. Experiments were next made with human blood, on dogs, and the transfusion done without delay. One died in a few minutes; another in a few hours, and a third several days afterwards. This last was found to have dropsy of the pericardium. Mr. Goodridge of Barbadoes tried a similar experiment on a very vigorous dog. He recovered and lived. "This experiment, therefore," says Dr. B. "is in reality in unison with my own; for it is not contended that the exchange of blood necessarily destroys life, but merely that it may sometimes endanger it." Dr. Leacock made experiments with the blood of sheep. Death in general took place in a few days afterwards. The inference is a fair one from all the preceding experiments, that "transfusion by the syringe powerfully recommends itself, as it enables the operator to inject human blood into human veins." It is remarked in another place that from experiments it was shown that the venous blood seems to revive an animal, as well as arterial.

In injections with the syringe, there is some risk that air may be introduced along with the blood. Experiments were next made to ascertain how far this occurrence would be dangerous. Five drams of atmospheric air were thrown into the femoral vein of a dog about as large as a full sized cat, a dram at a time. Very little in-

jury was suffered. In three days the dog was well, and at no time did any symptom of immediate danger occur. In the same dog three drams were blown into the femoral vein, without producing even temporary inconvenience.

We have in the next place a drawing and description of the syringe employed by Dr. B. in these experiments. Without a drawing here, a description would not be intelligible, and it is of less consequence as the common syringe has been again and again employed in the human subject with perfect success. Dr. Blundell's instrument may be obtained of Laundry, St. Thomas's Street, Southwark, London. Let the operation be done as it may, the injection is not to be delayed after drawing the blood; the syringe is to be warmed in tepid water, and the ordinary care used of raising the point of the syringe and depressing the piston to expel any air that may be between the blood and the extreme point. The quantity of blood necessary to preserve life is last spoken of. It might be supposed that this should be as great as the patient may have lost. This opinion is stated by Dr. B. to be an erroneous one. His remarks on this subject deserve to be quoted at length. "It must be confessed, however, that it is not necessary in cases of hemorrhagy to throw into the vessels as much blood as they have lost; a very small supply, although it will not restore the energies of the animal, will preserve its life. This truth, which is in some measure established by the result of the first experiment, is so generally admitted, that it is unnecessary to enlarge upon it; yet I cannot for-

bear adding, that it seems to deserve a more minute investigation than it has hitherto received." The cases now to be briefly narrated confirm these original views of Dr. Blundell.

Cases of Transfusion of Blood.

Case 1.—August, 1825. This was a case of uterine hemorrhage, and is communicated by Mr. Waller in one of the London Journals. The ordinary means for suppressing the hemorrhage, and of restoring the patient had been unsuccessfully used, and the following *Symptoms* were present:—face deadly pale,—extremities cold,—no power of deglutition,—no apparent respiration,—pulse hardly perceptible,—intermittent. These symptoms had existed for some time without change, and the danger of death being imminent, Mr. W. determined on transfusion to save life. A common injecting syringe holding two ounces was used. A vein was opened in the bend of the arm, and secured below the orifice to prevent further escape of blood. The blood was drawn into a tumbler from an attendant, and two ounces injected without delay. No effect followed. Two more ounces were then thrown in. A nearer approach to syncope was the consequence,—the pulse fell still lower than at first,—there was sighing, and one effort to vomit. These symptoms ceased in a minute or two. Patient now revived, felt easy, and the transfusion was stopped. In six hours after was much better, and recovered entirely.

The only objection which has been brought to this case is the smallness of the quantity of the blood injected. In answer to

this, it is only necessary to refer to the state of the patient at the time when the transfusion was made; the length of time that state had continued, and the unchecked progress of fatal exhaustion. Will any one doubt that this patient would have died if nothing had been done to restore her? Is now the smallness of the quantity of blood transfused a valid objection to the opinion of the surgeon that the operation saved the life of the patient? Mr. W.'s inferences are,—that the operation is easy and simple,—that no bad effect followed it, and that it is highly probable that it saved the patient.

Case 2.—September, 1825. *Uterine Hemorrhage.*—Mr. Doubleday reports this case. *Symptoms.*—No pulse; bloodless face; nostrils pinched; sight indistinct; excessive restlessness; breathing hurried; sighing; cold clammy sweats. It was agreed to employ transfusion. The median cephalic vein was chosen; patient resisted, and the operation was omitted. Six hours after, patient again seen; hemorrhage had stopped for six hours. Cordials had been tried faithfully. Twenty ounces of brandy, 160 drops of laudanum, ammonia, &c. had been given in the interval of the visit, but without reviving the patient. Her state seemed utterly hopeless. Transfusion was at once practised; the pipe was inserted in the median cephalic vein, a ligature being applied below the orifice to prevent loss of blood on return of circulation. A two ounce syringe was used. Good effects were obvious. After six ounces, great improvement. She said, "I am as strong as a bull."

Fourteen ounces in all were injected. Pain now occurred over the left eye, and the transfusion was stopped. On the following day, there was much excitement in the system, with milk fever, and the vein was found inflamed. Twelve leeches to the vein. 7th day from the transfusion the patient was well.

Case 3.—August, 1826. Communicated by Mr. Jewel. This was a case of uterine hemorrhage. *Symptoms* less promising than in the preceding case. As no vein could be found in the arm, the right external jugular was opened. A syringe of only three drams measure was employed. This was filled sixteen times and the blood poured into the vein, in about twenty minutes. Sickness now occurred, and efforts to vomit; in turning the neck the tube was displaced, and the patient died.

Case 4.—Uterine hemorrhage, with hour-glass contraction of the uterus. Mr. Fox's case. *Symptoms* like those already repeated. Six ounces of blood were injected in divided portions. This patient recovered.

Case 5.—Hemorrhage from bursting of a varicose vein. By Mr. Philpot to Dr. Blundell. This case is from the December number of the London Med. and Phys. Journal, and is extracted entire.

"July 21, 1827.—A poor woman, named Ashdown, aged twenty-nine, now in the sixth month of pregnancy, who during three former pregnancies had suffered from varicose veins of the legs, had this day, after standing for some hours at the ironing-board of a laundress, a sudden effusion of blood

from the bursting of the vena saphena, about six inches above the right ankle.

"About a quarter of an hour elapsed before I reached the house where she was, when she had lost, as it seemed, between eight and ten pints of blood. Assisted by my friend Mr. Phillipson, I, by compress and bandage, immediately stopped the hemorrhage. The patient was in a state of complete syncope, without pulse at the wrist, and but a very indistinct pulsation at the region of the heart; she was cold, with lips and face completely blanched; a profuse sweat broke out, and she passed both feces and urine involuntarily, so that she appeared moribund. Stimulants applied to the nostrils produced no excitement, and she had totally lost the power of deglutition. Though with little hope or probability of her recovery, we determined on the operation of transfusion.

"A person being quickly obtained from whom blood was drawn, a ligature was applied on the right arm of the patient, the median vein laid bare, and carefully dissected, so that a probe was passed under it; the vein was opened, and the end of a common bone syringe (the only one at hand), with its extremity filed off, was with some difficulty introduced. Several syringes full were thus injected. When about four ounces had been thrown in, she became extremely restless, throwing her head from side to side, and making an effort to vomit. We then desisted, and had the satisfaction of distinguishing the pulse at the wrist, though extremely small and rapid: warmth was applied, and wine and brandy

and water administered frequently.

"In the evening, six hours after the operation, the pulse was then distinct, and at 120. She was so much better as to answer several questions. Heat was gradually developed, and the next day she was removed in a chaise to her own house. She recovered."

In these cases except the last, Dr. Blundell was present, and assisted in the transfusion. In concluding this paper, I cannot but remark that I consider this whole subject as extremely interesting. There seems full evidence enough to recommend it to the attention of the profession. Should the experiment be tried in this country, it will give the Editors of this Journal much pleasure to communicate the results in its pages.

NOTE.—Since the above was written, another case has been met with in the February number of the London Med. and Phys. Journal, communicated by Mr. Waller, from Mr. Bird. This case is important since it shows "that cases may and do occur, wherein the patient sinks from exhaustion, although the flooding has been permanently stopped by the tonic contraction of the uterus." This was a case of placental presentation. Hemorrhage had taken place at intervals for several days, and had gradually become more profuse. Symptoms of extreme exhaustion were present when Mr. B. first saw the patient. There were no labor pains. She was delivered by turning. Very little blood was lost during the operation or after the birth of the child. It was

sufficient, however, still further to reduce the patient. Transfusion was decided on, but much time was lost before this could be done. The blood flowed slowly from the person who was bled to supply it, and before the second injection was completed, it was believed the patient was dead. Not more than two ounces were injected.

II.

CASE OF SPONTANEOUS EMPHYSEMA.

By GEORGE PARKMAN, M.D.

***** æt. 7 months, has seven teeth; had been healthful till the teeth began to appear, since which time his health has been less firm than before.

He had been under the influence of hooping cough about a month preceding Feb. 10th, 1828; when the laboriousness of his respiration, his cough, and other appearances of incipient lung fever became subjects of anxiety.—Feb. 13th. A swelling appeared under his chin, and in the course of a week occupied the whole breast, shoulders, head, forearms, backs of the hands, calfs of the legs, and the feet, giving to the touch a sensation of crackling or crepitation.—Feb. 16th. A blister was raised over the midriff, and minute doses were given of solutions of tartarized antimony and of muriate of mercury.—Feb. 17th. The swelling being so large as to fill the space between the chin and the breast, and the respiration being very quick and laborious, a lancet was plunged into the swelling and followed by a large probe and by manual pressure around the incision; some air

was thus expelled from the immediate neighborhood of the incision.

The infant died Feb. 24th; the swelling not having subsided essentially, nor the incision contracted.

Feb. 26th. At the lower margin of the right lungs, was found a bladder of air as large as a walnut: the front of the right lobes was irregularly red and they were completely cohered; a bag of matter as large as a walnut was found between two of them; the midriff was much inflamed. The left lungs and the stomach had the natural appearance.

During the ailment above described, there was a moderate disposition for food, and so natural a state of the bowels that but one clyster and two doses of calomel were used to move them.—In the charge of the case I was aided by the counsel of Dr. Shattuck.

The late Dr. Matthew Baillie has said 'such cases are extremely rare.' It may be satisfactory to consult his Works, vol. 1, p. 66, Lond. 1825, or Trans. of a Soc. for Improvement of Med. Knowledge, vol. 1, p. 202, Lond. 1793. Also Med. Obs. and Inquiries, vol. 3, pp. 34, 397, Lond. 1759—Sicelii Decad. quart. p. 487—and particularly Dict. des Scien. Med., art. *Emphysema*, pp. 7, 32.

Boston, 1828.

We add the following case of this rare disease to the foregoing.—Ed.

A stout man, 59 years old, was attacked with cough, accompanied with acute pain in the right side, and a sensation there as if something was forced outwards at each cough. He did not apply for medical advice, however, till he remarked a tumor in

the seat of the pain. When he was first visited by his physician, the pain was felt on a small spot between the seventh and eighth ribs of the right side, a few inches from the spine; the whole breast and side of the chest were much swollen, the swelling being evidently emphysematous, and when the tumor was pressed down with the finger, over the seat of the pain, it was at once restored with the next fit of coughing. The emphysema was gradually extended day after day, till the whole trunk and head, both arms, and even the right thigh were affected. As suffocation seemed then to threaten the patient's life, incisions were made in various parts, and air escaped from the apertures when the body was moved, or when pressure was made around them. On the back, where the swelling was greatest, incisions could be made an inch and a half in depth without coming in contact with the muscles. The difficulty of breathing was thus removed; but the disease continued some weeks longer, till at length an incision was made near the spot where it was presumed the air escaped from the chest. Inflammation of the part was thus induced, terminating in induration of the cellular tissue and closure of the opening.—*Rust's Mag.*

III.

ABSTRACTS AND SELECTIONS FROM FOREIGN JOURNALS.

Case of Injury of the Head. By DR. ROGERS.

THE injury was in the forehead, and was produced by the bursting of a gun, July 10th; patient aged 19 years:—The aperture was of the size of a crown piece, and through it a considerable quantity of the brain was oozing, and as much as a table spoonful adhered to the hair and integuments around. Much hemorrhage

had followed, and when seen by Dr. R. convulsions were present. No bone was found within the aperture or any other foreign substance. V. S. ad 3xvj. Light dressing to the wound. Next day more tranquil, sensible. July 12th. Pulse 40, extremely tense, and full. V. S. ad 3xiv. Cathartic. Diet, tea and thin gruel. 21st. V. S. ad 3xij. on account of febrile heat and irritation. 25th, 27th. Increased pain in the head, and stiffness in the lower jaw. These symptoms went off in a few days. Discharge from the wound large and offensive; strength diminished; cinchona and better diet. Aug. 2d, 4th. Foreign body discovered in the cavity of the brain; extracted with great difficulty on the 5th. "The body extracted proved to be the breech-pin of the gun, consisting of solid iron, three inches in length and exactly three ounces in weight." Small portions of bone came away after this; on Dec. 10th the patient is reported to be in good health.

Case of Hydrophobia. By A. T. THOMSON, M.D.

This was a boy of eight years of age, who was bitten on the naked hand by a cat, 1826.—Hydrophobia appeared November 7th, forty days after the wound. Various means were employed with some partial relief of the symptoms. This was of but short continuance. On the 8th, at 8 P. M. as the disease was aggravated, and its violence increasing, it was determined not to let it lay longer the trial of a ~~ne~~ left which the attending ~~as~~ thrown had previously thought the origin of. This was the edition of the A drop was direct not suspected

in a tea-spoonful of gruel every fifteen minutes. The convulsions were evidently diminished by the first drop. He begged for another dose before ten minutes had elapsed. Another was given with similar relief. At 10 he had taken six drops. It was continued, and towards morning he drank freely from a cup, for the first time since his illness.

9th. 8 A. M. The hydrophobic symptoms have rapidly abated. But from the state of the pulse, 130, and so small as scarcely to be felt, the pallid face, and cold clammy state of the hands, it was determined to discontinue the acid. 12, noon, has taken acid against morning orders, on account of restlessness, has drank freely of wine, and some porter, eaten oysters and bread. Acid to be discontinued. 4 P. M. Still better. 11 P. M. Bad symptoms returned; emprosthotonos; case hopeless. The acid however was again tried, wine, and opiate frictions employed. Some intermission of convulsions after the acid; but he died quarter past 2 A. M. Nov. 10th. Sixteen drops of the acid had been given in all. Dissection discovered the theca vertebralis and the parietes of the canal loaded with suffused blood, which, in several places, lay in black coagula. Evident signs of inflammation on the base of the brain. The lungs were gorged with dark colored blood.

The following contains some of Dr. T.'s remarks on the treatment of this disease.

"In the instance now before me, the patient, from an evident repugnance to the administration of the prussic acid, it was proposed that I would employ in

future cases of the disease; and I am disposed to do so, regarding it as a powerful auxiliary for the abatement of the convulsive action which is so distressing; but I am far from considering it in the light of a specific in hydrophobia, or as a remedy at all likely to do more than it effected in Lange's case." Dr. T. recommends in the first instance to diminish excitement in the medulla oblongata and spinal cord; to remove every cause of irritation both internal and external; and as soon as intermission occurs to employ the most powerful tonics. Cupping in the whole course of the spine; blisters; calomel in large doses, with tartar emetic; prussic acid, and sulphate of quinine, are the means recommended to meet the indications.

Dr. Nichol, in a paper on the *Treatment of Caries*, has the following on the use of lunar caustic in this disease.

"Short of the actual excision of the parts, I consider the lunar caustic to be the sheet-anchor in the treatment of affections of the bones. In the hands of all practitioners it has proved of the highest value, but, like every other remedy of established reputation, is sometimes liable to abuse. If too liberally applied, or too often repeated, severe inflammation will inevitably follow; an irritation intended to be contiguous or remote will become continuous. But if confined to one point, or where fistulous outlets have been established, or if it is introduced to a very limited depth into one or more of them, no mischief need be apprehended; on the contrary, the inflammatory tendency will be subverted. I have observed this

in a remarkable manner confirmed in a case of caries of the orbital ridges of the superior maxillary bones, when the eyes were exceedingly prone to inflammation. A few hours after the introduction of the lunar caustic, (reduced to the size of a crow quill,) this would entirely disappear, but was always sure to return, if by any chance it happened to be intermitted, and was invariably aggravated if too freely used. The same thing I have often observed in caries of the bones of the hand and foot, and was consequently obliged to have the caustic cast into rods of much smaller dimensions than usual,—accommodated both to the size of the opening, and the extent of the affection. Where the carious or necrosed bone could be readily reached, I usually passed the caustic to it; but where the soft parts intervening were greater than half an inch in thickness, I never penetrated deeper; and the greater the depth, the less free use in turning was observed, at all events till the parts became accustomed to the application.

“When inflammation supervenes in cases of caries or necrosis, either from the too free use of the caustic or other causes, the application of fomentations, with decoction of poppy capsules, will be found among the most tranquillizing. At all times, indeed, whether inflammation exists, or threatens, or not, I have found fomentations of great advantage. In those cases where the action of the parts have become languid from long-continued discharges, and the constitution is weakened, the local energies will be considerably improved by fomentations; and they are further

attended with another advantage of no mean importance, viz. that of keeping the parts always clean. Under these impressions, I have continued to use fomentations for a few minutes or longer, before each application of the caustic; and I may observe, that I have not found the same advantage from immersion into, or pouring the tepid infusion or decoction over the parts, as from wringing flannel cloths dipped into it, and applying them as hot as the patient could comfortably bear.”

Talma's Heart.

The great French tragedian died of stricture of the rectum, which reduced that intestine to the diameter of two lines, causing great accumulation above it, and ultimately rupture of the coats, with effusion into the peritoneal cavity. He labored under another complaint, however, which must sooner or later have caused his death, and which is more interesting as having been more immediately connected with his profession. The heart adhered to the pericardium at its apex, forming a dark-colored tumor, connected with the left ventricle, and which in reality was a true aneurism. The walls of this sac appeared to consist of the pericardium and serous membrane of the heart glued together, and containing layers of fibrin, while the muscular fibres of the ventricle, considerably attenuated, were partially extended over the tumor. The size of the aneurism was about that of a small egg; it had displaced the point of the left ventricle, which was thus thrown a little forward. The origin of this pathological condition of the heart, which was not suspected

during his last illness, may perhaps fairly be dated from the following occurrence related by Talma's family :

Some years ago, after great exertion in playing the character of Hamlet, he suddenly felt a sensation of burning heat in the region of the heart, and an uneasiness which lasted one or two days, but which did not attract any serious attention. From this time he frequently suffered from palpitation, particularly after professional exertion.

It is probable that, in a mind like Talma's, passions, though artificially excited by the cunning of the scene, and the intense and absorbing manner in which he entered into the character he represented, may have produced the same effect upon his frame, as moral impressions from external causes are wont to do on others ; thus assimilating in their effects the real and imaginary in the miseries of life. It is probable, too, that had this great tragedian not labored under the obstruction which proved fatal, he would have expired in one of those tempests of passion which held the spectators in dreadful admiration, and thus (to borrow the enthusiastic language of his countrymen) he would have died *au milieu de la gloire !*

Sulphate of Quinine.

M. Bland, physician to the hospital of Beaucaire, has observed, in some cases of intermittents, that the use of this remedy, when given to the amount of twenty-four grains a day, produced considerable deafness on the second or third day of its employment. This effect was particularly observed in weak and nervous pa-

tients, who had labored under tertian ague. The difficulty of hearing ceased on the eighth or twelfth day. During the deafness, the patients complained of rather severe headache. M. Bland suggests the propriety of being very cautious in the use of this valuable remedy in large doses.

Sulphate of Copper in Chronic Diarrhœa.

Dr. Elliotson on the treatment of *Chronic Diarrhœa* says, "I am satisfied that the *Sulphate of Copper* is superior to every other astringent in chronic diarrhœa,—that it will cure the disease more quickly than any other, and often when all others fail." "Three grains three times a day is the largest quantity I have prescribed ; but this I have frequently given. The dose usually borne, and required, varies from a grain and a half to three grains. It may be taken for an indefinite time without any fear of constitutional ill effects." Cases of a very severe kind, with bloody and purulent discharges are referred to, in which the long continuance of this medicine was curative. In two, after six months' use of it. Dr. E. always combines the sulphate with opium. A grain and a half will prevent even three grains from griping. He is satisfied that it is not to the opium that the curative effects of the copper are to be ascribed. To prevent sickness he gives it in pill, and upon a full stomach. He cautions against its being regarded as universally applicable, or that it never fails. Two curious cases are named in which it and all other means failed, when a removal from town cured the disease in a

few days, and in which a return to the metropolis was invariably followed by a return of the diarrhœa.

Sulphate of Quinine in Ague.

Dr. Elliotson refers to near 150 cases of this disease in which various serious local diseases existed, some of them requiring venesection, but every one of which, to use his words, was cured by this remedy. He has given five, and in some cases, particularly in London, ten grains at a dose.

Carbonate of Iron in Chorea.

Dr. E. regards this medicine as almost a specific for chorea. He enumerates nine cases, every one of which yielded to the carbonate. His dose is from three to four drams. He treated a genuine case of traumatic tetanus with it, in doses of half an ounce every two hours, in treacle with beef-tea, "and the mitigation of the disease," he says, "upon its exhibition, was too obvious for me not to ascribe the cure to the remedy."

Acupuncture in Rheumatism.

Dr. E. has given a fair trial to this remedy. He has tried it in private practice, and at St. Thomas's Hospital. He has found it chiefly useful in the rheumatism of fleshy parts,—rheumatism; and the more so, as the disease is less inflammatory. One needle left an hour or two in a part, is more efficient than several used but for a few minutes.

A new Mode of Treating Aneurism.

M. Moreau de Jonnès read, for Baron Larrey, a memoir at the *Institute Royal de France*, on the 10th of September last, relative

to a new method of treating aneurisms of the ascending or descending aorta. It is that of Valsalva, conjointly with the constant application of ice to the tumor. The following is one case among several others said to have been cured by this method:—A soldier suffered, in consequence of a wound, from a varicose aneurism of the crural artery. The size of the tumor exceeded that of the fist. Every operation was impracticable (we cannot tell why), and the patient was expected soon to die. He was, however, subjected to Valsalva's method (low regimen, rest, and frequent bleedings carried to marasmus), and the application of ice, then of several moxas. In the space of a few months the tumor was considerably reduced. It was also judged from different signs that its walls were thickened in proportion to the reduction of its volume. In the end, a complete obliteration of the crural artery took place; and the patient was radically cured in less than twelve months.

IV.

HOSPITAL REPORT.

Hemorrhagia Hæmoptysis.

M. Morrison, æt. 31. Entered the Hospital Aug. 7th, 1827. Stiffness and soreness of the joints, soreness about and within the chest, headache, cough, with free expectoration, followed sleeping in wet clothes about nine weeks ago. About a week ago, while coughing, was seized with hæmoptysis, and says he raised about three pints of blood; has had slight bleeding since.—Now, appetite small; tongue coated; vomits when he takes much food; one stool daily; urine light colored; pulse 60, small; has frequent cold

sweat, is emaciated, has pain and soreness in the chest, and about the shoulders, aggravated by coughing; lies with most ease on the right side; has dyspnoea when he walks; muscular strength much diminished. Has appearance of being, when in health, a very strong man. 18th. Examined further when rested from fatigue of coming to the house; has hard cough while on the left side, and great dyspnoea while on the back; from the fifth rib to the bottom of the chest on the right side, flat sound on percussion; expectoration of bloody mucus, and blood in considerable quantity; has a very tender spot at the bottom of the sternum, much complained of on full inspiration.

Apply 12 leeches over this spot; then cerat. cantharid. 5 by 6. Take compound squill pill night and morning. Farinaceous diet.

Aug. 19th. 9 A. M. Pulse 72. Skin soft, pleasantly warm; expectoration as before; chest much relieved by blister. Slept well; countenance better; one dejection.

20th. Half past 3 A. M. Hæmoptysis has just occurred; urgent cough; blood is discharged very freely, florid; pulse much hurried.

R. Plumb. Acetat. $\mathfrak{d}\text{i}$.

Pulv. Opii, gr. ij. M. ft. Pil. No. iv.

One once in two hours. Apply blister to the chest. Let him drink if thirsty, the diluted vitriolic acid in water, made pleasant with sugar. The hæmoptysis continuing urgent, at half past 4 A. M. the solution of the sulphate of copper was given, in dose of 30 drops, and was to be repeated according to the urgency of the symptoms. The pills of the acetate were omitted.

20th. 9 A. M. Hæmoptysis ceased after one dose of the solution. Is now comfortable; blister has not drawn; renew it, and if hemorrhage recur, along with other means apply cold to the chest.

21st. Expectoration last 24 hours about half an ounce; mucus with little blood. Is still comfortable, but

manifests much exhaustion from late hemorrhage. Lips and face are very pale. Cannot lie on the left side without harassing cough.

R. Solut. Cupri Sulphat. gtt. xxv.
Aq. Communis, 3 ss. M.

now, and once in six hours. If hæmoptysis increase, give 30 drops for a dose.

22d. Hæmoptysis slight; 3 iss. blood; pulse 72; one stool; coughs without pain; some blood in expectoration.

R. Solut. Cupri Sulphat. gtt. 30.
Aq. 3 ss. M.

Let this be given now, and repeated once in two hours if no vomiting occur and the hemorrhage continue. After bleeding ceases, give dose once in six hours.

23d. Hæmoptysis increased. No stool. No soreness in the chest, and very slight cough. Let him have 3 ij. of the following, once every hour till purged.

R. Magnes Sulphat. 3 i.
Confect. Rosæ, 3 i.
Acid Sulph. Dilut. gtt. xx.
Aq. Commun. 3 x. M.

Continue other remedies.

24th. After eight ounces of mixture, seven stools. Some hæmoptysis. Pulse 64; skin cool; no nausea; some pain about the lower rib of the left side. Apply there cerat. cantharid. 5 by 6.

25th. Hæmoptysis much diminished. Pain relieved; pulse 72, softer. Three stools the last 24 hours. Feels better. Continue remedies. No important circumstance occurred, except occasional attacks of pain in different parts of the chest, and this was always at once treated, and soon relieved by blisters. These, with the solution of the sulphate, were the principal remedies.

Sept. 2d. Sitting up, feeling very well; pulse natural; expectoration very trifling and scarcely colored. Asked for food; may have milk porridge.

4th. No pain in the chest on full

inspiration. Slight cough, without expectoration. On the 6th had meat, and the ordinary diet of the house for convalescents, and on the 16th was discharged well.

W. CHANNING.

BOSTON, TUESDAY, APRIL 1, 1823.

BILLS OF MORTALITY.

ARRANGEMENTS have been made for the regular publications of these Bills, in the Journal. They are interesting and useful documents, and deserve a permanent record. Much of their utility, however, depends on their correctness; correctness in the designation of the diseases from which death has resulted. The numbers who die in a limited time, weekly for instance, it is quite desirable to know. Correct statements of these show the ratio of mortality to the actual population, as well as the progress of increase. They are most useful when published along with the number of births. No provision has been made in this city for ascertaining births, and hence much embarrassment when it is attempted to show the proportion of mortality to the *natural* increase of our population. In foreign Bills the number of births is recorded with the same apparent accuracy as the deaths. The *numbers* in both cases may reach very near perfect accuracy, and the degree in which this exists, is a measure of the true ratios before referred to. In some of our own cities the births are given in the Bills, and the last yearly reports in Philadelphia are on this account rendered more valuable.

Besides accuracy in the numbers

of the Births and Deaths, it is quite desirable that the *Reports of Diseases* should be as accurate as the circumstances of the case admit. To the physician, the information they convey, when this is their character, is highly useful. He learns not only the kinds of diseases which may prevail, but also something of their character, their violence and their tendency. During an epidemic season, especially if it be a dangerous one, this information is doubly advantageous. He is not only aware of the existence of the disease, but its fatality imposes on him great diligence in its investigation, and much care in its treatment. The Bills of this city are not perfectly accurate about diseases. They are strictly accurate in numbers. No regular system has been pursued here in furnishing the names of diseases. It is rare that a certificate is obtained from the attending physician. He is not required by a law of the city to furnish such certificate. In other cities it is a duty, enforced by law, for him to furnish one. In fact, interment is not permitted, until such certificate is left with the officer who superintends this department. The undertaker finds it at the house where a person has died; or calls for it from the physician and delivers it to the proper officer, and then obtains permission to bury the dead. Something of the same sort might easily be done here, and without the authority of a law. Let physicians once agree to give to our Bills of mortality all the accuracy of which they are susceptible, and the task of furnishing the necessary certificate will be felt to be a very light one.

It may be left at the house of the deceased, or the undertaker may be directed to call for it. The form need only to mention the name of the deceased, the age, and the disease, with the physician's name annexed.* It may not be uninteresting to give the results of some Bills for the last year or two. The following are taken from Bills of three of the principal cities of the United States, and from the London Bills for 1826 and 1827.

London Bills of Mortality from December 13, 1825, to December 12, 1826.

Christened in the ninety-seven parishes within the walls, 913; buried, 1318. Christened in the seventeen parishes without the walls, 5059; buried, 4148. Christened in the twenty-nine out-parishes in Middlesex and Surry, 12,604; buried, 11,423. Christened in the ten parishes in the city and liberties of Westminster, 3677; buried, 3869. Total christened, 22,244; buried, 20,758.

Of those christened, 11,178 were males, and 11,066 females. Of the deaths, 10,454 were males, and 10,304 females. Of the deaths, 5952 were under two years of age, 1982 between two and five, 798 between five and ten, 808 between ten and twenty, 1472 between twenty and thirty, 1724 between thirty and forty, 1994 between forty and fifty, 1926 between fifty and sixty, 1832 between sixty and seventy, 1569 between seventy and eighty, 634 between eighty and ninety, 90 between ninety and a hundred, one was a hundred years old, 3 a hundred and three, 3 a hundred and five. The burials were 268 fewer than in 1825.

* It always gives additional value to these Bills, to contain a statement of the known or estimated population.

The diseases and casualties are not extracted.

London Bills of Mortality from December 13, 1826, to December 12, 1827.

Christened, 29,925; males, 15,205, females, 14,720. Buried, 22,292; males, 11,296, females, 10,996.—Whereof have died, under two years of age, 6,580; between two and five, 1,875; between five and ten, 850; between ten and twenty, 862; between twenty and thirty, 1,565; between thirty and forty, 1,831; between forty and fifty, 2,134; between fifty and sixty, 2,128; between sixty and seventy, 2,044; between seventy and eighty, 1,680; between eighty and ninety, 666; between ninety and a hundred, 74; a hundred, 1; a hundred and one, 1; a hundred and two, 1.

The following is an abstract of the Philadelphia Bills for one year, from 1st January, 1827, to 1st January, 1828. It is a note to the statement of deaths, containing the diseases and ages. The population of the city is not mentioned.

NOTE.—Of the foregoing there were males of twenty years and upwards, 1152; 1026 under twenty years; 845 females of twenty years and upwards; 922 under twenty years.

There were 445 returns received at the Health Office of persons who died in the Alms-House of the City during the year; and 757 people of color were included in the statement of interments.

Agreeably to returns made and collected from 127 practitioners of midwifery, there have been born in the City and Liberties, from the 1st of January, 1827, to the 1st of January, 1828, 3581 male, and 3452 female children; making the total number of births, 7033; leaving a

difference between the births and interments of the year, of 3088.

Deaths in each month of the within period.

	Adults.	Children.	Total.
January	176	137	313
February	138	149	287
March	156	149	305
April	130	145	275
May	178	116	294
June	116	176	292
July	148	267	415
August	218	242	450
September	145	142	282
October	216	149	365
November	203	144	347
December	172	133	305
	1996	1949	3945

The New-York Report for the same period, presents a tabular view of the number of deaths, the diseases, sexes, and ages. No account is given of the population. The remarks of the City Inspector, G. Cuming, Esq. at the close, are extracted.

The City Inspector respectfully reports to the Board a statement of the deaths in the city and county of New-York, for the year 1827, amounting to 5181, being an exceeding of 208 of what occurred the preceding year.

The total number of colored persons that died were 718.

Judging that it would be gratifying to contrast the number of deaths from the prevailing diseases in two successive years, which is placed on the other side, from which it may be observed in particular, how much the cases of *Measles* and *Smallpox* continue to increase, notwithstanding the daily evidence of the value of *Vaccination* as a preventive of the latter, and making all due allowance for our increasing population.

The Consumptive cases were 829, of whom there were 100 colored persons.

The number of Fever cases in the

two last years were singularly correspondent; whilst providentially we have been exempted from its ravages in its worst form—the *Malignant or Yellow Fever*.

The Bills of the city of Boston for the year ending January 1st, 1828, present a very satisfactory statement, from which to infer the great healthfulness of the city during the year. From a variety of facts, the population is estimated to be 64,262, and there is no reason to doubt the correctness of the estimate. The whole number of deaths was 1022, or one in 62.87. In 1824 the proportion was one in 46.61. In 1825, one in 40.18. In 1826, one in 48.85. These proportions are made precisely on the same basis as that for 1827—8. Now as one death in *forty-seven* in a city of equal population, is regarded as showing an extraordinary degree of health, the health of this city for the last two years may well be termed unexamplified. In the interesting Address of the Mayor, Hon. Josiah Quincy, made to the City Government at its organization Jan. 7th, 1828, the great healthfulness of the city for the preceding year is particularly referred to. This is considered in its relation with the successful measures which have within a few years been adopted to render the whole city as perfectly clean as the circumstances of the case would allow.

A communication has been received from Dr. Barrett of Northampton on the smallpox in that town, which will appear in the next number.

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending March 21, at noon.

March 14.	Sally Simson,	37 yrs.
15.	Willam Parks,	6 mo.
	Henry B. Curtis,	52 yrs.
17.	Hannah Holden,	44
	Clara Allen,	39
18.	Barney Cook,	23
	Abigail V. Reed,	26
	Ann Warren,	51
	Elizabeth Hager,	56
	Ebenezer T. Andrews, jr.	3 1-4
	George Wm. Gorland,	18 days.
19.	Rachael Trumbull,	70 yrs.
	Amily G. Mills,	35
	William Bond,	31
20.	Ann Hartshorn,	36
21.	George Knights,	43

Diseases. Consumption, 7—Croup, 1—Dropsy, 1—Infantile, 1—Inflammation in the bowels, 1—Lung fever, 1—Liver complaint, 1—Old age, 1—Suicide, 1—Unknown, 1. Males, 7—Females, 9. Total, 16.

Erratum.—In No. 5, page 79, for Bradford L. Wells, A.M. read Bradford L. Wales, A.M.

ADVERTISEMENT.

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LOWE & REED, 44, Hanover Street, at the head of Elm Street, have lately received a supply of Denarcotized Opium and Laudanum.—Also on hand European Leeches; fresh Vaccine Matter, taken by a physician of this city with particular care: together with a large stock of drugs of every kind.

Lowe & Reed, late Reed & Howard, keep constantly on hand, their *Cure for Intemperance*, which has recently received the approbation of many of the Physicians of this city,—been used by the Society for suppressing Intemperance, and adopted in the House of Correction as preferable to that of Chambers. Price \$2.50. A liberal discount made to charitable Societies.

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